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I hereby appoint:

☒ Practitioners associated with the Customer Number

99562

OR

☐ Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):

Name	Registration Number	Name	Registration Number

as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

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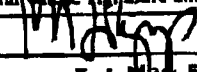
OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City	State	Zip	
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Assignee Name and Address: PentraXin Therapeutics Limited  
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 Gower Street  
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A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/56 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record  
 The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	7/10/10
Name	Mark B. Pepys	Telephone	442074332801
Title	Professor of Medicine		Director, PENTRAXIN

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